



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH



MASSAGE PARLORS
CERTIFICATION OF HEALTH EXAMINATION

APPLICANT: *Please complete and submit this form if applying for Health Certificate to work at a Massage Parlor (Title 10 GCA, Chapters 22 and 27). NOTE: Only forms with the original signature of the healthcare provider will be accepted. Stamped or digital signatures will NOT be accepted.*

Name: _____ Sex: _____ Citizenship: _____
 Last, First MI

Date of Birth: ____/____/____ Place of Birth: _____ Ethnicity/Nationality: _____

Place of Employment: _____ Location: _____

Healthcare Provider: *Please complete the portion below and return to above applicant for submission to the Department of Public Health and Social Services.*

Based on my examination of the above person, I certify that the individual:

1. Has been tested for tuberculosis within the past 6 months of this date and the result was negative, OR result was positive but further test(s) revealed that the individual is not infectious.
2. Has been tested and is free from sexually transmitted diseases, including HIV.
3. Is currently free of any communicable disease that can be easily transmitted to another individual at the above person's workplace during his/her usual course of activities.

For Official Use Only

NAME OF HEALTHCARE PROVIDER

SIGNATURE

CLINIC OR HOSPITAL

Date: _____